

# BEST AVAILABLE COPY

| <b>CLAIMS ONLY</b> |          |      |                        |      |                        | SERIAL NO.   | FILING DATE |
|--------------------|----------|------|------------------------|------|------------------------|--------------|-------------|
|                    |          |      |                        |      |                        | APPLICANT(S) |             |
| <b>CLAIMS</b>      |          |      |                        |      |                        |              |             |
|                    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |              |             |
|                    | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP.         |             |
| 1                  |          |      |                        |      |                        |              |             |
| 2                  |          |      |                        |      |                        |              |             |
| 3                  |          |      |                        |      |                        |              |             |
| 4                  |          |      |                        |      |                        |              |             |
| 5                  |          |      |                        |      |                        |              |             |
| 6                  |          |      |                        |      |                        |              |             |
| 7                  |          |      |                        |      |                        |              |             |
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| 61                 |          |      |                        |      |                        |              |             |
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| 66                 |          |      |                        |      |                        |              |             |
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| 70                 |          |      |                        |      |                        |              |             |
| 71                 |          |      |                        |      |                        |              |             |
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| 83                 |          |      |                        |      |                        |              |             |
| 84                 |          |      |                        |      |                        |              |             |
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| 86                 |          |      |                        |      |                        |              |             |
| 87                 |          |      |                        |      |                        |              |             |
| 88                 |          |      |                        |      |                        |              |             |
| 89                 |          |      |                        |      |                        |              |             |
| 90                 |          |      |                        |      |                        |              |             |
| 91                 |          |      |                        |      |                        |              |             |
| 92                 |          |      |                        |      |                        |              |             |
| 93                 |          |      |                        |      |                        |              |             |
| 94                 |          |      |                        |      |                        |              |             |
| 95                 |          |      |                        |      |                        |              |             |
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| 97                 |          |      |                        |      |                        |              |             |
| 98                 |          |      |                        |      |                        |              |             |
| 99                 |          |      |                        |      |                        |              |             |
| 100                |          |      |                        |      |                        |              |             |
| TOTAL IND.         |          |      |                        |      |                        |              |             |
| TOTAL DEP.         |          |      |                        |      |                        |              |             |
| TOTAL CLAIMS       |          |      |                        |      |                        |              |             |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS